

Adolescent Girls Access to Primary Health Care Services in Lebanon: Barriers and Facilitating Factors

Research presentation

SVRI Forum

2022- Farah Hammoud



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Faculty of Health Sciences

Center for Public Health Practice

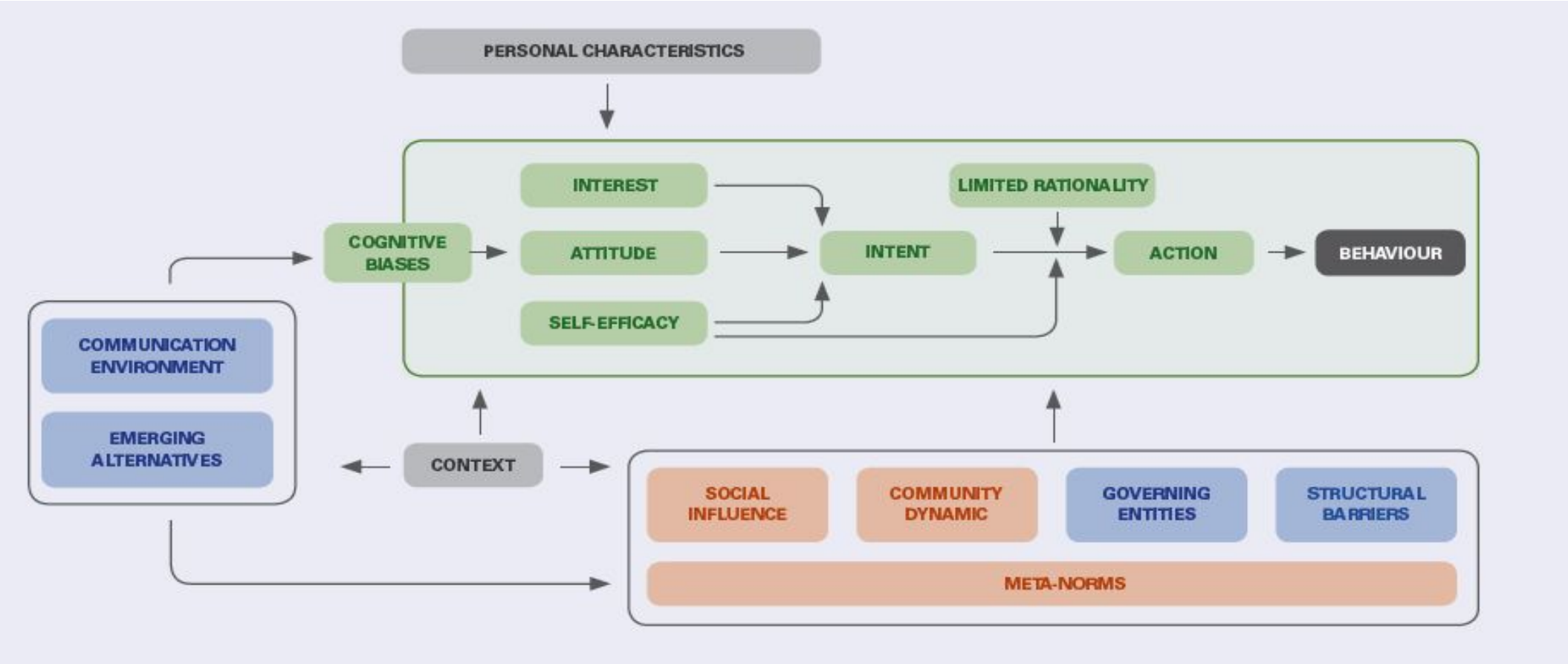


Research Objectives

- ❖ Identify specific priorities for enhancing adolescent girls' access to primary healthcare and GBV services across Lebanon.
- ❖ Generate evidence to be used to design services that better address the needs and gaps in healthcare provision and policies for adolescent girls.

Research Methodology

Behavioral Drivers Model

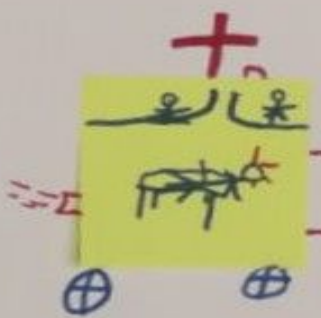
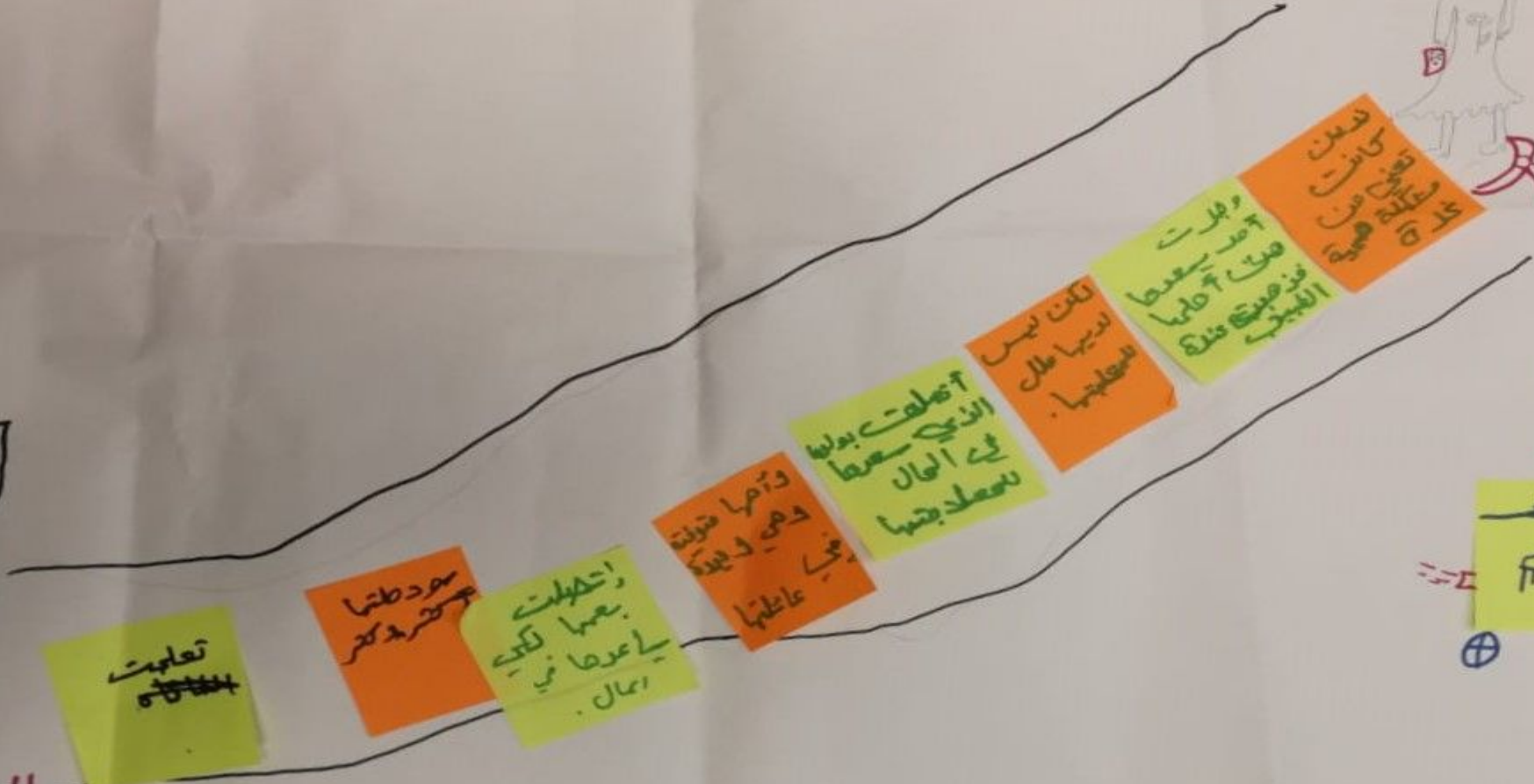


Research Tools

- Focus group discussions (FGD) with adolescent girls aged 10-19
- FGD with caregivers
- Interviews with adolescent girls with disability
- Key Informant Interviews (KII)

Focus Group Participants

- Girls: 10-13; 14-17; 18-19
- Nationalities: Lebanese, Palestinians, Syrians; separately
- Geographic distribution: using the vulnerability mapping exercise conducted by UNICEF in 2017
- Interactive tool for girls: Persona; Journey Map



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Key Informants

- Study population: heads of departments in Ministries, representatives of NGOs and UN agencies; health care and service providers in PHC or CMR centers in primary contact with adolescent girls
- Selection:
 - PHC centers that are in the vicinity of the FGDs conducted with Adolescent girls
 - PHCs classified in cadastres as most vulnerable where no FGD was conducted
 - Providers trained on mental health and psychosocial support
 - Providers trained on GBV referral and CMR
 - GBV taskforce; UNHCR; Mental Health Program and PHC department at MoPH; NGOs working with girls with disability

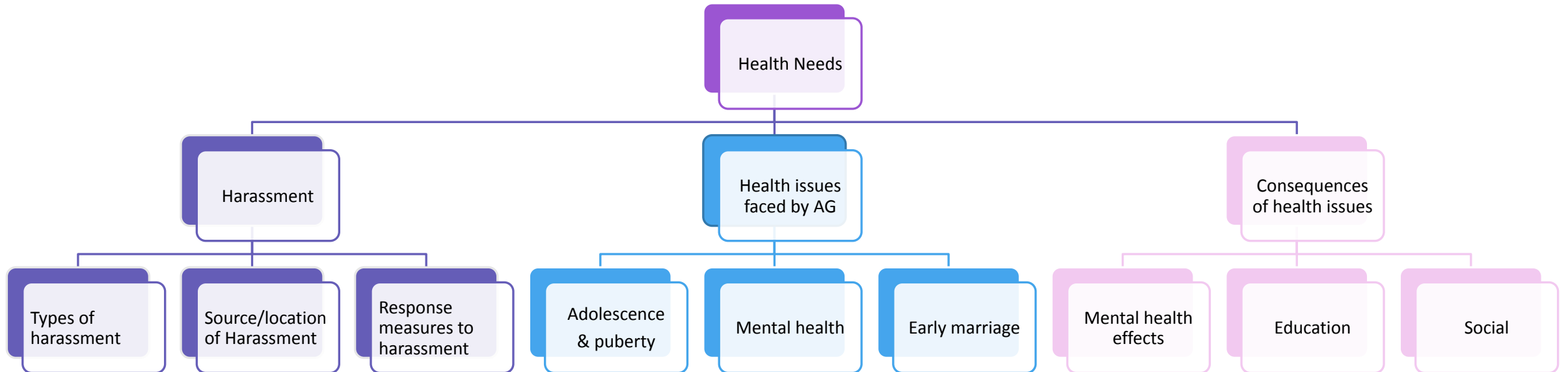
Limitations

- FGDs: low turnout of participants (2-4) at some FGDs
- Inability of some partners to recruit participants
- Context of the country changed since the time of data collection (mid December 2019 – mid March 2020)
- Interviews with girls with disabilities conducted in June 2020 through video calls: issues of privacy and ability of expression

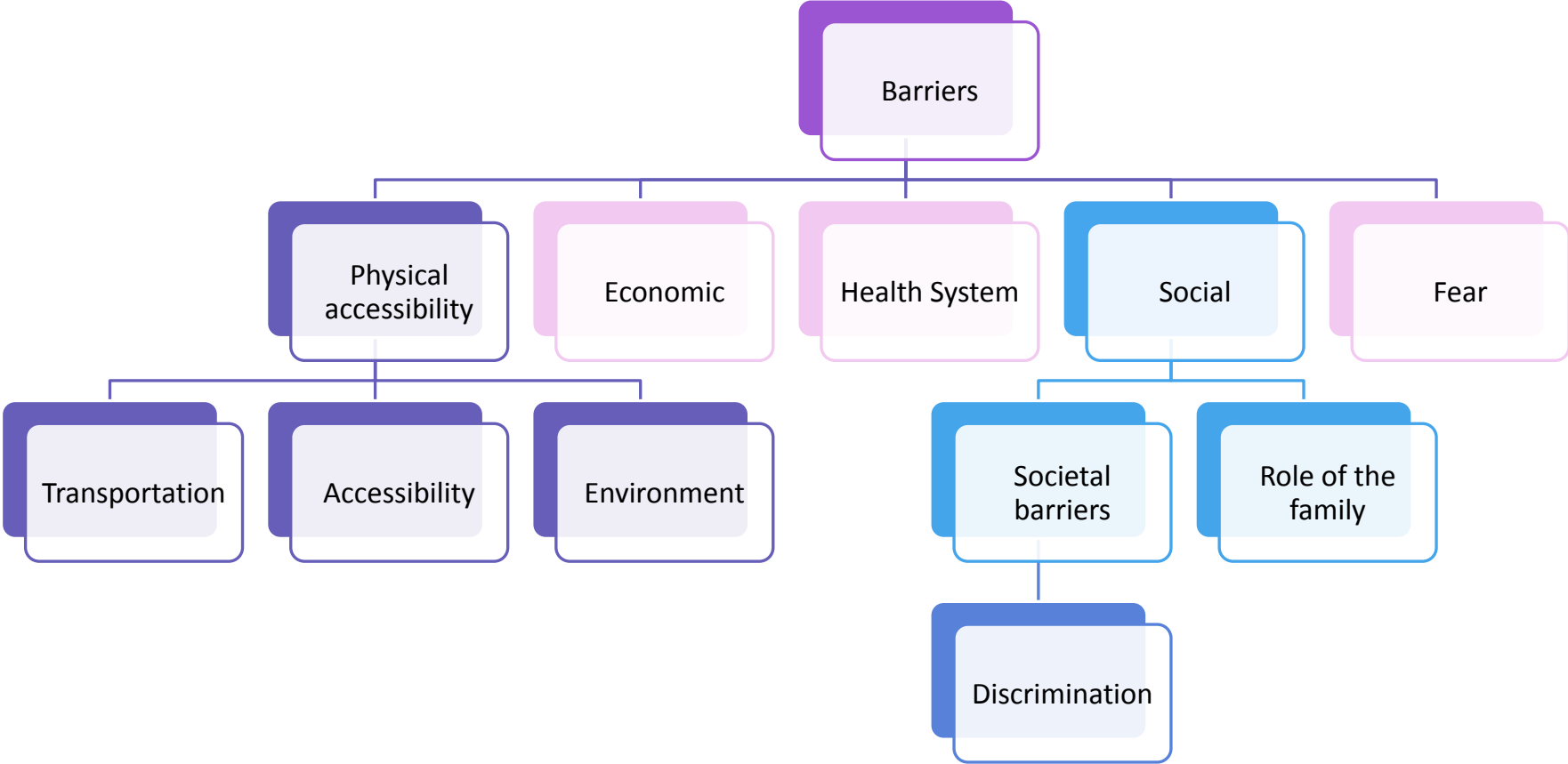
Challenges did not affect quality, completeness and validity of data

Research Findings

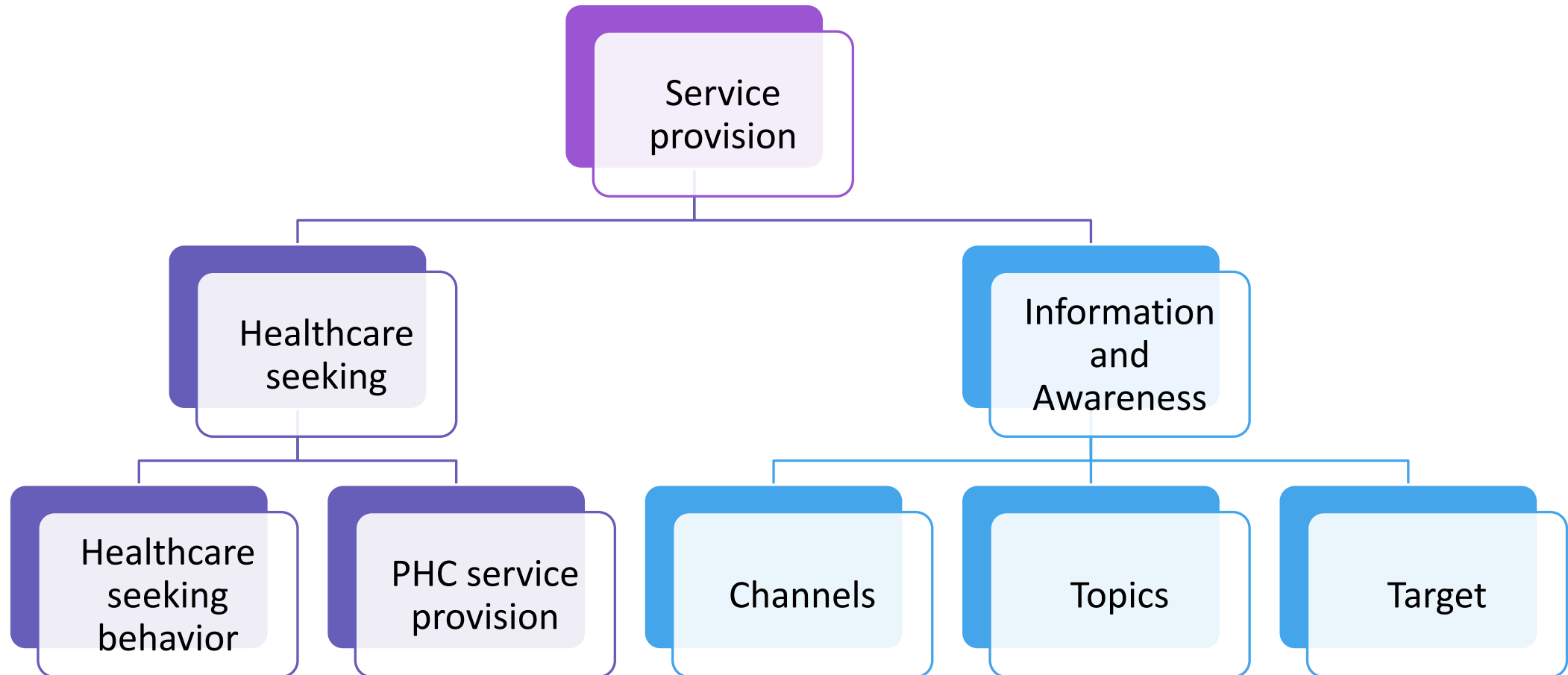
Health Needs of Adolescent Girls



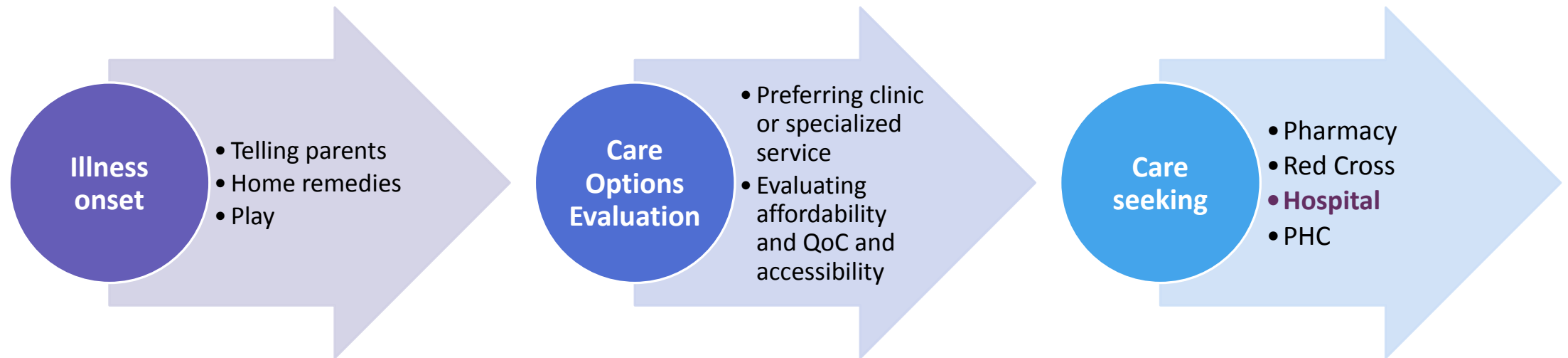
Barriers to Accessing Care



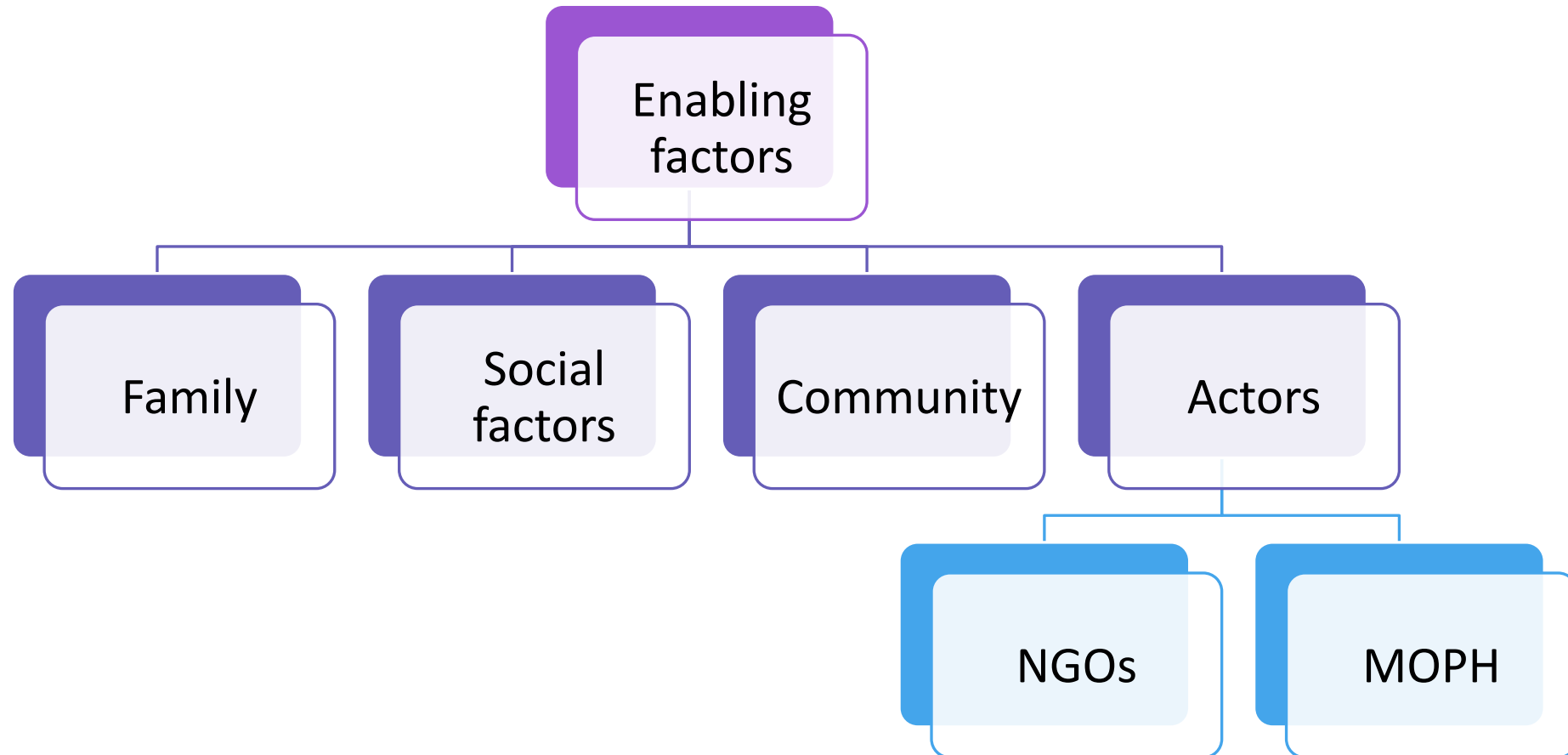
Elements of Service Provision



Service Provision-Health Seeking Behavior



Enabling Factors



AG living with disability – from KII

- ❖ Limited specialized centers that are accessible and that may cater for cognitive disability or learning difficulties makes it challenging for this group to seek appropriate health care.
- ❖ Communication challenges arise between adolescent girls with disability and healthcare providers, which prevents them from communicating their illness or responding to healthcare.
- ❖ Physical accessibility barriers
- ❖ Higher risk for sexual and verbal harassment; specifically, girls with cognitive disabilities were reported as unable to identify harassment and as being incapable of responding or defending themselves.
- ❖ Harassment may occur sometimes verbally in the form of bullying in the waiting rooms of the PHCs.
- ❖ Girls with a disability have an advantage in case of they need hospitalization

Recommendations

□ Governance:

- Institutionalization of **collaboration and coordination mechanisms** between MoPH, MEHE and MoSA at the national and field levels; **establish clear referral pathways between these ministries at the national and field level**
- Develop guidance on the package of services to be included for adolescent girl friendly services and ensure inclusion of adolescent friendly criteria in the PHC accreditation system within MOPH.
- Strengthen partnerships between municipalities and MoPH for successful implementation of adolescent and youth friendly health services

□ Services:

- Pilot and implement the establishment of adolescent girls friendly PHCs and do capacity building of health care professionals and health counselors.
- Enhance MHPSS services within PHCs for girls
- Better information on what is offered at PHCs

□ Community:

- Tackle or challenge harmful gender norms hindering access to SRH, MHPSS, CMR and general health services
- Enhance awareness on MHPSS services to decrease stigma / MH is also available for girls...
- Coordination with existing life-skills programs targeting youth and adolescents for capacity-building on **self-efficacy of the girls** .
- Ensure and enhance GBV risk mitigation activities making sure to promote girls' leadership and participation



What has happened so far?

- Dissemination of Research Brief <http://uni.cf/395FZTA>
- Development of CMR Strategy
- Discussion with MoPH on integration of AYFHS
- UNICEF Social Media Campaign: “We’re Listening”

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Key informant at a PHC.

"The Gynecologist only treats pregnant women. Do you see what I mean? This is a major problem for us, so if she has any infections, she's scared thinking how can this happen to me? I'm not pregnant, I'm not married, how can I go to a gynecologist to be examined?"

14-17 year old Lebanese girls.

"I can't pay (for healthcare), I can't drive, and I can't pay transportation costs. The money barrier is a humanitarian barrier."

“

They feel fear. Some girls are afraid of going to a mental health specialist for fear that society will consider them to be crazy...

Primary Health Care staff member



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“

Girls are often shy and afraid that suddenly someone will open the door and see them while they're being examined.

This concern affects adolescent girls greatly.

Primary Health Center staff member

”

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Thank You